

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use 		1. FILE NUMBER 049-498	2. PERIOD COVERED MO DAY YEAR From 01 01 2002 Through 12 31 2002	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
JAMES ROBINSON (2) 049-498 HOTEL EMPL., RESTAURANT EMPL AFL-CIO 130 LU 300-S 9201 4TH AVENUE BROOKLYN, NY 112097006 12/2002 				8. MAILING ADDRESS (Type or print in capital letters.) First Name JAMES Last Name ROBINSON P.O. Box • Building and Room Number (if any) Number and Street 9201 4TH AVENUE City BROOKLYN State ZIP Code + 4 NY 11209-
4. AFFILIATION OR ORGANIZATION NAME PRODUCTION SERVICE + SALES DIST. COUNCIL				
5. DESIGNATION (Local, Lodge, etc.) LOCAL		6. DESIGNATION NUMBER 300-S		
7. UNIT NAME (if any) UFCW AFL-CIO				
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No				
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)				
Item Number				
11	PRODUCTION SERVICE + SALES DISTRICT COUNCIL HEALTH FUND # 11-18891K			
11	PRODUCTION SERVICE + SALES DISTRICT COUNCIL PENSION FUND # 11-2006994			
14	ABE STEINBERG C.P.A. - 50 MEREDICK RD. - ROCKVILLE CENTRE, N.Y. 11570			
24	WITHDRAWAL LIABILITY UNDER ERISA - \$44,265 - PARTS OF 1,769 - QUARTERLY			
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)				
76. SIGNED: 3 110 103 (718) 491-4700 Date Telephone Number		77. SIGNED: 3 110 103 (718) 491-4700 Date Telephone Number		
PRESIDENT (If other title, see instructions.)		TREASURER (If other title, see instructions.)		

During the Reporting Period Did Your Organization:

- | | | |
|--|-------------------------------------|-------------------------------------|
| | Yes | No |
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | <input checked="" type="checkbox"/> | |
| 12. Have a political action committee (PAC) fund? | | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input checked="" type="checkbox"/> | |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1696

19. What is the date of your organization's next regular election of officers? MO YEAR 12 2004

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 47000

21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 18-28 per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 50-75
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

Yes No
☐ ☒

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☐ ☒

24. Did your organization have any contingent liabilities at the end of the reporting period? ☒ ☐

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 049-498

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
	25. Cash		16427	32220
	26. Accounts Receivable		0	
	27. Loans Receivable	1	0	
	28. U.S. Treasury Securities		0	
	29. Investments	2	0	
	30. Fixed Assets	5	272	400
	31. Other Assets	3	0	
	32. TOTAL ASSETS		16699	32620

LIABILITIES	LIABILITIES	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (C)	Period (D)
	33. Accounts Payable		0	0
	34. Loans Payable	8	0	0
	35. Mortgages Payable		0	0
	36. Other Liabilities	4	8113	7955
	37. TOTAL LIABILITIES		8113	7955
	38. NET ASSETS (Item 32 less Item 37)		8586	24665

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 049-498

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues		488808	56. To Officers	9	119631
40. Per Capita Tax			57. To Employees	10	
41. Fees			58. Per Capita Tax		215603
42. Fines			59. Fees, Fines, Assessments, etc.		
43. Assessments			60. Office & Administrative Expense	13	15406
44. Work Permits			61. Educational & Publicity Expense ...		
45. Sale of Supplies			62. Professional Fees		12420
46. Interest			63. Benefits	11	20621
47. Dividends			64. Contributions, Gifts & Grants	12	300
48. Rents			65. Supplies for Resale		
49. Sale of Investments & Fixed Assets	6		66. Direct Taxes		12466
50. Loans Obtained	8		67. Withholding Taxes		45389
51. Repayments of Loans Made	1		68. Purchase of Investments & Fixed Assets	7	170
52. On Behalf of Affiliates for Transmittal to Them		1520	69. Loans Made	1	
53. From Members for Disbursement on Their Behalf			70. Repayment of Loans Obtained	8	
54. Other Receipts	14	45	71. To Affiliates of Funds Collected on Their Behalf		1514
			72. On Behalf of Individual Members ...		
			73. Other Disbursements	15	31060
55. TOTAL RECEIPTS		496313	74. TOTAL DISBURSEMENTS		480580

FILE NUMBER: 049-498

SCHEDULE 1 — LOANS RECEIVABLEForm LM-2 (Revised 2000)

SCHEDULE 2 — INVESTMENTS **(OTHER THAN U.S. TREASURY SECURITIES)**

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 049-498

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. UFCW PENSION	6118
2. PAYROLL TAXES PAYABLE	1837
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	7955
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 049-498

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	493	93	400	400
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			400	

Enter the Total from Line 8, Column (D) in Item 30, Column (B)

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales 1000000	

Enter the Total from Line 8 in Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 049-498

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. CHAIR	170	170	170
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
		7. Less Reinvestments	
		8. Net Purchases	170
Enter the Total from Line 8 in ↑ Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div>Enter the Totals from Line 6 in ↑ Item 34 Column (C)</div> <div>..... ↑ Item 50</div> <div>..... ↑ Item 70</div> <div>..... ↑ Item 75 with Explanation</div> <div>..... ↑ Item 34 Column (D)</div> </div>					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 049-498

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
Last Name: 1. ROBINSON First Name: JAMES Title: PRESIDENT Status: C		100367	0	1514	0	101881
Last Name: 2. LA SALLE First Name: ROBERT Title: SECRETARY TREAS Status: C		61400	0	1574	0	62974
Last Name: 3. TORRES First Name: NYDIA Title: RECORDING SECY Status: N		0	0	0	0	0
Last Name: 4. RIOS First Name: CASHMER Title: VICE PRESIDENT Status: N		0	0	0	0	0
Last Name: 5. THORPE First Name: MARK Title: VICE PRESIDENT Status: N		0	0	0	0	0
Last Name: 6. FARLEY First Name: THOMAS Title: VICE PRESIDENT Status: N		0	0	0	0	0
Last Name: 7. CORDERO First Name: GLADYS Title: VICE PRESIDENT Status: N		0	0	0	0	0
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8		161767	0	3088	0	164855
				10. Less Deductions 45224		
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements 119631		

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 049-498

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>	(C) Name of Affiliated Organization <small>(if applicable)</small>					
Last Name	First Name					
1.		0				0
Position						
Name of Affiliated Organization						
2.		0				0
Position						
Name of Affiliated Organization						
3.		0				0
Position						
Name of Affiliated Organization						
4.		0				0
Position						
Name of Affiliated Organization						
5.		0				0
Position						
Name of Affiliated Organization						
6. Totals from additional pages <small>(if any)</small>						
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates						
8. Totals of Lines 1 through 7						
				9. Less Deductions		
				10. Net Disbursements		

Enter the Total from Line 10 in Item 57 ⇨

SCHEDULE 11 — BENEFITS

FILE NUMBER: 049-498

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION BENEFITS	PSSDC PENSION FUND	1240
2. GROUP LIFE INSURANCE	N. AMERICAN BENEFITS	557
3. MEDICAL INSURANCE	BLWEX - BLUESHIELD, HORIZON	17409
4. PRESCRIPTION PLAN	GENERAL PRESCRIPT. PLAN	1101
5. Total from additional pages (if any)		314
6. Total of Lines 1 through 5		20621
Enter the Total from Line 6		↑ Item 63


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. UFCW HARDSHIP FUND LOCAL 17633	100
2. UFCW MINORITY COALITION	200
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	300
Enter the Total from Line 8 in ↑ Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT	7200
2. TELEPHONE	3986
3. STAFF, POSTAGE, PRINTING, ETC	4220
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	15406
Enter the Total from Line 8 in ↑ Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. ORGANIZING EXPENSES REIMB	45
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	45
Enter the Total from Line 17 in  Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. SERVICES RENDERED	19644
2. DUES REFUNDED	437
3. BANK CHARGES	92
4. FLOWERS CONDOLENCES	186
5. XMAS EXPENSE	4416
6. WITHDRAWAL LIABILITY	5076
7. LABOR ORGANIZ BOND INS	1209
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	31060
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME: LOCAL 300-S PROP. SVCE & SALES DIST. COUNCIL

ENDING DATE OF PERIOD COVERED: 12/31/02

FILE NUMBER: 049-498

PAGE 1 OF 1 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name: <u>QANAVERAL</u> First Name: <u>JESUS</u> Title: <u>VICE PRESIDENT</u> Status: <u>N</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Totals		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

ORGANIZATION NAME: Local 300-S Prod Svcs & Sales Dist. Council

ENDING DATE OF PERIOD COVERED: 12/31/02

FILE NUMBER: 049-498

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Totals		0	0	0	0	0

SCHEDULE 11 — BENEFITS

FILE NUMBER: 049-498

Description (A)	To Whom Paid (B)	Amount (C)
1. DISABILITY BENEFITS	MEMBERS	100
2. OPTICAL BENEFITS	MEMBERS	214
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		314
Enter the Total from Line 6 Item 63		


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	
Enter the Total from Line 8 in Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	
Enter the Total from Line 8 in Item 60	

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	0
Enter the Total from Line 17 in  Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	0
Enter the Total from Line 17 in  Item 73	